

BACKGROUND

For lung transplant candidates:

- adaptive coping (problem-focused) is associated with favorable outcomes.
- maladaptive coping (avoidance, denial) is associated with poorer outcomes such as non-compliance (1, 7).
- There is a limited understanding of the coping strategies utilized by patients with ARDS across the varying trajectory of their critical illness (3).
- We proposed a behavioral intervention to facilitate the transformation from passive to active coping in a patient with SARS-CoV-2-induced ARDS.

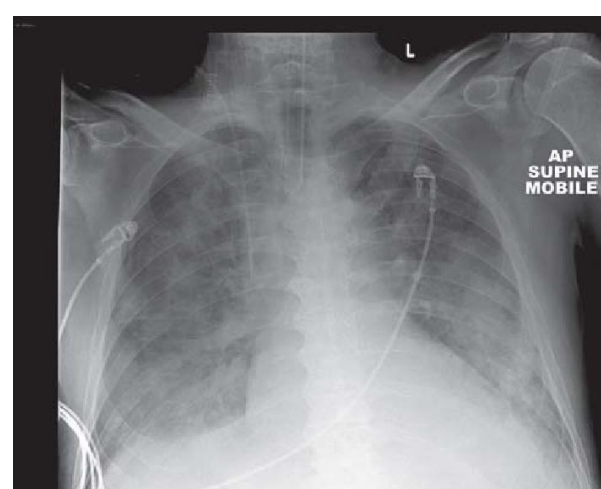


FIGURE 1: Chest XR of acute ARDS showing widespread consolidation and ground glass opacification (2).

CASE

- The patient is a 22-year-old pregnant female without prior pulmonary or psychiatric illness admitted for SARS-CoV-2 ARDS requiring VV-ECMO.
- Hospital course was complicated by emergency C-section, subarachnoid hemorrhage, retroperitoneal bleed, seizure, multiple pneumothorax and repeated infections.
- Following 7 months of ECMO and rejection from a transplant center based on maladaptive coping, Transplant Psychiatry was consulted to optimize candidacy.
- Following behavioral intervention, active coping strategies were developed.
- ECMO was explanted and she was maintained on supportive mechanical ventilation. She eventually tolerated weaning and was discharged several months later.

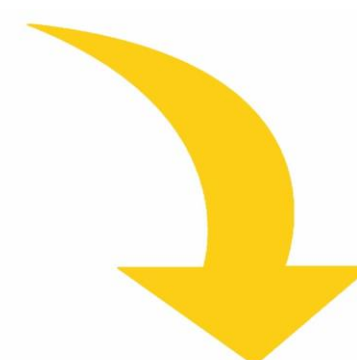
INTERVENTION

We identified passive coping skills and worked with the patient and staff to develop active coping through education, behavioral activation and effective communication.

PASSIVE COPING	ACTIVE COPING
Confrontive coping (behavior that seems aggressive and opposite to the needs of your treatment).	Seeking social support (information, emotional support)
Distancing (feeling detached and minimizing the significance of the situation)	Accepting responsibility (acknowledging one's own role in the problem)
Self-controlling (trying to regulate one's feeling and actions)	Planful problem-solving (deliberate problem-focused efforts to change the situation)
Escape-avoidance (wishful thinking and behaviors that lead to escaping or avoiding the problem)	Positive reappraisal (create positive meaning by focusing on personal growth)

PASSIVE COPING

SOILING
 APATHY
 IGNORING STAFF
 DISMISSING STAFF
 DELAYING/BARGAINING CARE



ACTIVE COPING

- Facilitated zoom calls with her family and children
- Sharing of transplant literature and expectations of pulmonary rehabilitation
- Encouraged identification of emotions and reflection
- Provided staff with tips for effective communication. For example, "I can't do this," can be reframed as "you're still learning, one step at a time."
- Collaboration with critical care staff including nursing, physical therapy and respiratory therapy to outline goal-setting.

Objectives were monitored by staff in a patient log daily and discussed with the patient weekly.

- ✓ brushing teeth and washing face daily
- ✓ verbalizing names and doses of medications
- ✓ walking 1 lap of the unit with physical therapy
- ✓ engaging in 5 minutes pressure support trial
- ✓ allowing for tracheostomy exchange



DISCUSSION

- It is difficult to predict whether lung improvement might be expected after prolonged ECMO, creating an environment of clinical uncertainty (5).
- Compared to congenital lung disease, SARS-CoV-2 ARDS represents a phase of acute deterioration in patients who can be otherwise healthy. The emotional demands of this circumstance, in particular for patients in young adulthood, may far exceed the patient's ability to cope effectively.
- Addressing specific coping skills can help patients engage in necessary medical treatment and acclimate to their phase of illness.

CONCLUSION

- The high psychological burden experienced by patients with SARS-CoV-2 can result in maladaptive coping in the hospital setting. Identifying this distinct behavioral phenotype may offer new insights into areas of risk which may be targets of intervention for patients undergoing transplant evaluation.
- Conceptualizing these risks in the context of transplant candidacy remains to be explored. Given the increased demand for donor lungs, ethical consideration of transplant candidates must be balanced with the need for psychiatric intervention (4).

ACKNOWLEDGEMENTS

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